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09-27-01

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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111954 U.S. PTO
10/02/60

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	02140-P0002A
First Inventor	Giovanni D'Acostini
Title	Character Input Device Based On A Two-Dimensional Movement Sensor
Express Mail Label No.	EL 889 834 827 US

J1016 U.S.P.T.O.
09/26/01

To:

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)

2. Applicant claims small entity status
See 37 CFR 1.27.

3. Specification [Total Pages 40]
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed Sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claims(s)
- Abstract of the Disclosure

4. Drawings(s) (35 USC 113) [Total Sheets 5]

5. Oath or Declaration [Total Pages 0]

- a. New executed (original or copy)
- b. Copy from prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)

i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventors(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
7. <input type="checkbox"/>	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	<ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b.: Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies
ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/>	Assignment Papers (cover sheet & document(s))
10. <input type="checkbox"/>	37 CFR 3.73(b) Statement (when there is an assignee)
11. <input type="checkbox"/>	English Translation Document (if applicable)
12. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449
13. <input checked="" type="checkbox"/>	Preliminary Amendment
14. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. <input type="checkbox"/>	Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. <input type="checkbox"/>	Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 of its equivalent.
17. <input checked="" type="checkbox"/>	Other PCT/IT01/00041 Cover Sheet

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-In-Part of prior application No.: PCT/IT01/00041 filed January 25, 2001
Priority Claimed IT UD2000A000014 January 26, 2000

Priority information: Examiner Group/Art Unit.
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number of Bar Code Label	24126	<input checked="" type="checkbox"/> Correspondence address below			
(Insert Customer No. or Attach Bar Code Label here)					
Name	Gene S. Winter				
Address	St. Onge Steward Johnston & Reens LLC 986 Bedford Street				
City	Stamford	State	CT	Zip Code	06905-5619
Country	United States	Telephone	203 324-6155	Fax	203 327-1096
Name (Print/Type)	Gene S. Winter	Registration No. (Attorney/Agent)	28,352		
Signature				Date	9/26/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Times will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT	(\$)	454.00	Attorney Docket Number	02140-P0002A GSW
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METHOD OF PAYMENT (check one)		FEES CALCULATION (continued)			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payment to my Deposit Account Number 19-4516					

Deposit Account Name		3. ADDITIONAL FEES			
Large Entity Fee Code (\$)	Fee	Small Entity Fee Code (\$)	Fee	Entity Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing for or oath	
127	50	227	25	Surcharge - late provisional filing or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840	Requesting publication of SIR after Examiner Action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	240	126	240	Submission of Informational Disclosure Stmt	
581	40	581	40	Recording each patent assignment per Property (times number of occurrences)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

<input checked="" type="checkbox"/> Payment Enclosed.	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
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FEES CALCULATION					
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4. BASIC FILING FEE					
Large Entity Fee Code (\$)	Fee	Small Entity Fee Code (\$)	Fee	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	355.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)		(\$)	355.00		

5. EXTRA CLAIMS FEES					
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6. ISSUE FEES					
Large Entity Fee Code (\$)	Fee	Small Entity Fee Code (\$)	Fee	Fee Description	Fee Paid
Total Claims 31	-20=	11	x 9	=	99.00
Independent Claims 1	- 3**	0	x =		
Multiple Dependent Claims	0	x =			

7. PETITION, ISSUE FEE, AND OTHER FEES					
Large Entity Fee Code (\$)	Fee	Small Entity Fee Code (\$)	Fee	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claims, if not paid	
109	80	209	40	** Raise independent claims over original patent	
110	18	210	9	** Raise claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)	99.00		

** or number previously paid, if greater; For Reissues, see above	Other fee (specify) _____	SUBTOTAL (3)	(\$)	-0-
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SUBMITTED BY					Complete (if applicable)
Name (Print Type)	Gene S. Winter	Registration No. (Attorney/Agent)	28,352	Telephone	203 324-6155
Signature			Date	9/26/2001	

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